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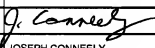
Total Number of Pages in This Submission 3

Application Number	10/619,555
Filing Date	JULY 16, 2003
First Named Inventor	ZEENAT JETHA
Art Unit	2178
Examiner Name	SAMIR TERMANINI
Attorney Docket Number	199821-368917

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. REQUEST FOR CONTINUED EXAMINATION (RCE). 2. COPY OF RCE.
<input type="checkbox"/> Remarks _____		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	MCCARTHY TETRAULT LLP (CUST. NO. 27,155)		
Signature			
Printed name	JOSEPH CONNEELY		
Date	APRIL 10, 2008	Reg. No.	54,883

**CERTIFICATE OF TRANSMISSION/MAILING**

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Typed or printed name		Date	

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